

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of inventor(s): **Guisepp Cavalli and Michael Lehmann**

For (title) **VEHICLE STEERING WHEEL**

Enclosed are:

1. **Papers Required for Filing Date Under 37 CFR 1.53(b):**

9 Pages of specification

1 Pages Abstract

2 Pages of claims

6 Sheets of drawing

☒ formal (Figs. -)

☐ Informal

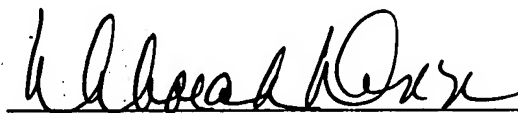
In addition to the above papers there is also attached:

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date April 8, 2004 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number ET035756767 addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Deborah Denn

(Type or print name of person mailing paper)



(Signature of person mailing paper)

- ☒ A verified English translation of the
☐ specification and claims
☐ declaration
is attached.

4. Assignment

☒ An assignment of the invention to TRW Automotive Safety Systems GmbH

☒ is attached

☐ will follow

5. Certified Copy

Certified copy (ies) of application (s)

GERMANY

(Country)

203 05 830.5

(Appln. No.)

10-Apr-03

(Filed)

(Country)

(Appln. No.)

(Filed)

(Country)

(Appln. No.)

(Filed)

from which priority is claimed

☒ is attached

☐ will follow

- ☒ Amendment cancelling extra claims enclosed
☒ Amendment deleting multiple dependencies enclosed
☒ Fee for extra claims is not being paid at this time

Filing Fee Calculation

\$770.00

7. **Small Entity Statement**

- ☐ The present application is being filed by or on behalf of a small entity as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee \$770.00
☒ assignment recordal fee \$40.00
☐ for processing an application with a specification in a non-English language \$ _____

Total fees enclosed

\$810.00

9. **Method of Payment Fees:**

- ☒ check in the amount of \$810.00 enclosed.

☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY REG. NO. 36,029

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Type or print name of attorney